

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 734093

1. Entity Name

CORAL GABLES POLICE BENEVOLENT ASSOCIATION,
INC.



Principal Place of Business

7350 CORAL WAY
MIAMI FL 33155

Mailing Address

2801 SALZEDO STREET
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1649174

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAUE, RICHARD
2801 SALZEDO STREET
CORAL GABLES FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW; FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NAUE, RICHARD ☐ Delete
STREET ADDRESS 2801 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD
NAME HUDAK, EDWARD J ☐ Delete
STREET ADDRESS 2801 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE S
NAME HARRIS, WAYNE D ☐ Delete
STREET ADDRESS 2801 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T
NAME FREVOLA, MICHAEL ☐ Delete
STREET ADDRESS 2801 SLZEDO ST
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000061638
CITY-ST-ZIP 02/23/04-80089-013 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/04 (305) 460-5443